## EXHIBIT C

	Case	9 Ub-1U725-0WZ	·3EII	lerea ub/27/11 14:3	7.45 Pau	<u>e z ol 11</u>
	UNITED STATE	S BANKRUPTCY COURT RICT OF NEVADA		OOF OF CLAIM		
Name of	Debtor		Case Nu	mber		
USA	Commercial N	lortgage Company	06-107	725-LBR		
This form s arising afte administrat	should not be used or the commencent tive expense may	of Debtors and Case Numbers I to make a claim for an administrative exp nent of the case A "request" for payment be filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of	BRECHT M 640 COLON FULLERTON	11321242034050 ARSHAL TRUST DATED 2/ IAL CIRCLE N CA 92835 IDEL J & JANET & BREE	5/86	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the	OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have ain	eady filed a proof of claim with the
Creditor Te	elenhone Number	(1/4) 992-2779		envelope sent to you by the court		or BMC you do not need to file again
		other number by which creditor identifies	debtor	Check here replace	ces a previously	filed claim dated
1 PAGIC	FOR CLAIM		1	Li amei		F1
☐ Good	ls sold ces performed	☐ Personal injury/wrongful death ☐ Taxes ☐ Other (describe briefly)	Wages :	penefits as defined in 11 U S salaries, and compensation ( r digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against service (not for loan balances)
		SEE EXHIBIT A				(date) (date)
		RRED NOV 11 ZOOZ		OURT JUDGMENT, DATE C		
	IFICATION OF CL rse side for importan	AIM Check the appropriate box or boxes that explanations	t best descr	be your claim and state the amo	unt of the claim at t	he time case filed
	-	TY CLAIM \$ 1,709,011		SECURED CLAIM		
Check exceed	this box if a) there	is no collateral or lien securing your claim or b) roperty securing it or if c) none or only part of your	your claim our claim is	a right of setoff)		red by collateral (including
	RED PRIORITY CI	LAIM		Brief description of		
	<del>-</del>	an unsecured claim all or part of which is		Real Estate	_	Other
	d to priority	Ф		Value of Collateral	UNK	NOWN_
1	nt entitled to priority	<b>D</b>		Amount of arrearage as secured claim, if any	nd other charges \$ 2 <i>5</i> 3の	at time case filed included in
1— .	y the priority of the c stic support obligatio	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г-	Up to \$2 225* of deposits toward	· · · · · · · · · · · · · · · · · · ·	
Wages	s salaries or commi	issions (up to \$10 000)* earned within 180 days	 	services for personal family of	or household use -1	1 U S C § 507(á)(7)
busine	ess whichever is ear	flier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable part		
Contril	butions to an employ	ee benefit plan - 11 U S C § 507(a)(5)	I	* Amounts are subject to adjust		
5 TOTAL	AMOUNT OF CL	AIM ¢ •		with respect to cases commer		date of adjustment
l .	E CASE FILED	AIM \$ <u>1,7.9,011</u> \$ (unsecured)	1,709,		(1 \)	_\$ <u>1,709,011</u>
		ludes interest or other charges in addition to the	ne principal			<del>-</del>
7 SUPPO running DOCUM	ORTING DOCUI paccounts contra- MENTS If the doc STAMPED COF	of all payments on this claim has been cree  MENTS Attach copies of supporting doct cts court judgments, mortgages security a  cuments are not available, explain If the co  Y To receive an acknowledgment of the	<u>uments,</u> su agreement documents	uch as promissory notes pure s and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL
		unlated proof of claim forms	4 hay	- hand dal	IOT.	
for eac	PTED) so that it is th person or entit imental units)	pleted proof of claim form must be sen s actually received on or before 5 00 pm by (including individuals, partnerships, c	i, prevailin corporatio	ig Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
POB	SACM Claims Doo		Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO UN Claims Docketing Cente t Franklin Avenue do CA 90245	FII H	D JAN 12 2007
DATE //s/	107	SIGN and print the name and title if any of the this claim (attach copy of power of attor	ne creditor or ney if any)		, Trustee	USA CMC

## FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dis	IRICT OF Nevada	PROOF OF CLAIM			
Name of Debtor USA Commerc	Name of Debtor USA Commercial Mortgage  Case Number 06-10725						
NOTH This form st of the ease. A requ							
P	giving particulars						
Name and address of colors	Name and address where notices should be sent of Segel, Goldman, Mazzotta & Siegel, P.C. ocase						
9 Washington Squ Albany, New Yorl Telephone number	x 12205	Chec addr the	ck box if the address differs from the ess on the envelope sent to you by court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of a identifies debtor	ccount or other number by which creditor	Che	ck here	led claim dated			
1 Basis for Claim  ☐ Goods sold ☐ Wages salaries and compensate ☐ Last four digits of your SS # ☐ ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Goods sold ☐ Ungard compensation for service ☐ Form				sation (fill out below) rvices performed			
Other –  2 Date debt was See attached	as incurred	3	If court judgment, date obtain	ed			
See reverse side Unsecured Nonp  Check this beby your claim exceonly part of your c  Unsecured Priorit  Check this been titled to priority  Amount entitled to  Specify the priority of  Domestic supp (a)(1)(B)  Wages salaries days before filing obusiness whichever  Contributions	nt of the claim at the time case filed.  It is secured by collateral (including cral of the Collateral collateral)  It is secured by collateral (including cral of the Collateral)  It is secu						
5 Total Amou	nt of Claim at Time Case Filed	\$	\$1,802,040 (unsecured) (secured)	\$1,802,040 (priority) (Total)			
interest or addi	Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self. If JAN 0.9 2007  Body addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the creditor or other person authorized to the filing claim (attach copy of power of attorney if any).  USA CMC							
1/02/07 Segul, Goldman, Mazzotta & Siegel, P.C., attorneys for Morris Massry							

UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM			
Name of Debtor	Case Nun					
	USA COMMERCIAL MORTGAGE COMPANY 06-10725					
NOTE This form should not be used to make a claim for an administrative case A "request' for payment of an administrative expense may be filed p						
Name of Creditor (The person or other entity to whom the		box if you are aware that anyone				
debtor owes money or property)		s filed a proof of claim relating claim. Attach copy of statement				
KEVIN McKEE and PAMELA McKEE	giving	particulars				
Name & address where notices should be sent		box if you have never received tices from the bankruptcy court				
JANET L CHUBB, ESQ JONES VARGAS	in this					
P O BOX 281	4	box if the address differs from				
RENO, NV 89504-0281 Telephone number 775-786-5000	the add	ress on the envelope sent to you court	This Space for Court Use Only			
Last four digits of account or other number by which creditor		e □ replaces				
identifies debtor 500953 5		m □ amends a previously filed	claim, dated			
1 BASIS FOR CLAIM	' o j	Retiree benefits as defined in [1]	JSC § 1114(a)			
□ (roods sold		Vages, salaries, and compensation				
☐ Services performed ☐ Money loaned		ast four digits of your SS # Unpaid compensation for services				
☐ Personal mjury/wrongful death		-				
☐ Taxes ■ Cther _DEBTOR'S BREACHES (see adversary complain	<u>,</u>	fromto	(date)			
Cther <u>DEBTOR'S BREACHES</u> (see adversary complain      Date debt was incurred		court judgment, date obtained	(date)			
2003-2005	3 11	tour t Judgment, date obtained				
4 Classification of Claim. Check the appropriate box or boxes	that best des	cribe your claim and state the am	ount of the claim at the time case			
filed See reverse side for important explanations		Secured Claim				
Unsecuted Nonpriority Claim \$ 500,000 00 + accrued interest		☐ Check this box if your cla	um is secured by collateral			
<u>postpetition payments received</u> ☐ Check this box if a) there is no collateral or lien securing you	_	(including a right of se	toff)			
b) your claim exceeds the value of the property securing it, or if d	) none or	Brief description of colla	teral r Vehicle □ Other			
only part of your claim is entitled to priority		Value of Collateral \$				
Unsecured Priority Claim		Amount of arrearage and othe	r charges at tune case filed			
☐ Check this box if you have an unsecured claim, all or part of ventitled to priority	which is	included in secured claim, if a	ny			
Amount entitled to priority \$						
Specify the priority of the claim.	ם ט	p to \$2,225* of deposits toward j	ourchase lease or rental of			
☐ Dome stic support obligations un 11 U S C § 507(a)(1)(A) or)	p:	foperty or services for personal, f   S C § 507(a)(7)	amily or household use - 11			
(a)(1)(F)		xes or penalties owed to governm	nental units - 11 USC §			
☐ Wages, salaries, or commissions (up to \$10,000) * earned with 180 days before filing of the bankruptcy petition or cessation of the salaries.	un 54 he	07(a)(8)				
debtor's business whichever is earlier- 11 USC § 507(a)(4)	<b>0</b> 0	THER - Specify applicable parag	raph of 11 U S C § 507(a) ()			
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)		ounts are subject to adjustment on 4/1 with respect to cases commenced on c				
	00 00 +/-	ss	5			
☐ Check this box it claim includes interest or other charges in ad interest or additional charges	secured) dition to the	, ,	onty) (Total) Attach itemized statement of all			
6 Credits The amount of all payments on this claim has been cre	edited and d	educted for the purpose of makir	THIS SPACE IS FOR COURT USE ONLY			
this proof of claim. SEE ABOVE 7 Supporting documents Attach copies of supporting documents	ts such as p	romissory notes purchase orders				
invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, FIFD DEC 0.9 200						
and evidence of perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary						
8 Date-stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-						
Date Sign and print the name and title, if any, of the ci	reditor or of	ner person authorized to file this				
claim (attach copy of power of attorney, if any)						

Case 06-10725-gwz Doc 8568- <mark>3 _ E</mark> r	<del>tered 06/27/11, 14:37:45 Page</del>	<del>2 5 of 11</del>
PR	OOF OF CLAIM	
Name of Debtor Case N	umber	
USA Commercial Mortgage 6. 06-	10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	
MICHAEL, ALAIN & DAWN LEVY TTEES OF THE MICHAEL FAMILY TRUST DATED 12/4/03 1861 TUSCAN GROVE PL CAMARILLO CA 93012-8960	BMC Group in this case  Check box if this address differs from the address on the	eady filed a proof of claim with the
Outline Number 8 AC 3 S 557 5	chiveleps cont to you by the	or BMC, you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number (**) 15 - 3 3 3 - 5 5 7 5 Last four digits of account or other number by which creditor identifies debtor	T replaces	- 13 1 41/ 444/11 44F 41/F1
5074	Check here replaces a previously of this claim amends	filed claim dated
Descend in the control of the contro	benefits as defined in 11 U S C § 1114(a)	Unremitted principal
Services performed Taxes Last fo	, salaries and compensation (fill out below) ur digits of your SS #	Other claims against servicer (not for loan balances)
Money loaned	compensation for services performed from	to
2 DATE DEBT WAS INCURRED 10/1/2004 3 IF	COURT JUDGMENT, DATE OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check tife appropriate box or boxes that best des See reverse side for important explanations	The state of the s	he time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your clair	Check this box if your claim is seculary a right of setoff)	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	Brief description of collateral	
UNSECURED PRIORITY CLAIM	Real Estate  Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$	?
Amount entitled to priority \$  Specify the priority of the claim	Amount of arrearage and other charges secured claim, if any \$	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase, lease	e or rental of property or
Wages salaries or commissions (up to \$10 000)*, earned within 180 days	services for personal family or household use -1	11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - Other - Specify applicable paragraph of 11 U S C	* ''''
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 awith respect to cases commenced on or after the	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ / \( \sqrt{2} \)	With respect to cases commenced on or after the	\$ 1 % O, DD
AT TIME CASE FILED (unsecured)	(secured) (priority)	(Total)
Check this box if claim includes interest or other charges in addition to the princip	PRINCIPAL ONLY - U	EARE ALSO NUE
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents.  running accounts, contracts, court judgments, mortgages, security agreements.	such as promissory notes purchase orders, inv nts_and_evidence of perfection of lien_DO NC	voices, itemized statements of
DOCUMENTS If the documents are not available, explain If the document  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		d envelope and copy of this
The original of this completed proof of claim form must be sent by man ACCEPTED) so that it is actually received on or before 5 00 pm, prevail	ling Pacific time, on November 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, corporat governmental units) BY MAIL TO	ions, joint ventures, trusts and  D OR OVERNIGHT DELIVERY TO	Filed Date 9/27/2006
BMC Group BMC G		alania a
P O Box 911 1330 E	ast Franklin Avenue Indo, CA 90245	1/27/2006
DATE SIGN and print the name and title if any of the credito	or other person authorized to file	
9-25-06 this daim lattach copy of power of attorney if an	14/ain Michael	USA CMC
Penalty for presenting fraudulent claim is a line of in to \$500 000 or imprisonment for up	W Co   T (TO DOO)	1072500276

## FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court		10000				
Name of Debtor	<u>U</u>	ISTRIC	.1 0	F Nevada	<u> </u>	PROOF OF CLAIM
- Table 1		e Num				
USA COMMERCIAL MURTGAGE COMPAN				725-2		
NOTE This form should not be used to make a claim for an admin of the cise. A request for payment of an administrative expense m	istrative en ay be filed	xpense d pursu	arısıı ıanı tı	ng after the o	commenceme § 503	ent
Name of Creditor (The person or other entity to whom the	Ct	eck b	ox if y	you are awai	e that anyon	ne
debtor owes money or property)  MICHAEL S FREEDUS DAS PC  DEFINED BENEFIT PENSION PLAN	els	e has	filed a	a proof of cla	um relating	to
Name and address where notices should be sent    DEFINED IS ENEFIT PENSION PLAN   your claim Attach copy of statement giving particulars						
MICHAEL FREEDUS, DOS	no	tices fi	ox if y	ou have nev he bankrupt	er received : cy court in the	any his
2535 LANE ROAD	Cas Ch		x if i	he address d	iffers from th	ha
DELANSON, NY 12053 Telephone number 5,8-864-5032	ade	dress o	n the	envelope se	nt to you by	THIS SPACE IS FOR COURT USE OF
Last four digits of account or other number by which creditor	+	court		replaces		THE PART IS TOR COOK! ON OR
identifies debtor		his cla		<b>⊸</b> '	a previously	filed claim dated
Basis for Claim Goods sold		Ц				in 11 USC § 1114(a)
Services performed			wa Las	ges salaries t four digits	, and compe of your SS	ensation (fill out below)
Money loaned						services performed
Personal injury/wrongful death						
Taxes SEE EXHIBIT A					late)	(date)
2 Date debt was incurred  10-05 JUNE 2005	3.	If c	ourt	Judgment,	date obtain	ned
02,000						
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations	at best de	scribe	your	claim and s	ate the amo	unt of the claim at the time case fi
Unsecured Nonpriority Claim \$ 251,370.92		Se	cure	d Claum		
Check this box if a) there is no collateral or lien securing your	r claum ou	1	CI	neck this box	of your class	m is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority	none or	ar	ignt c	of setoff)		,
		4			ion of Colla	
Unsecured Priority Claim						or Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	hich is	An				ט און איניט און harges <u>at time case filed</u> included ii
Amount entitled to priority S		sec	ured	claim if an	\$ <u>/37</u>	0.92
Specify the priority of the claim		Up to	\$2 2	25* of depo	sits toward	purchase, lease or rental of proper
Domestic support obligations under 11 U S C \ 507(a)(1)(A) or (a)(1)(B)		8 207	(a)(7	)		household use - 11 U S C
Wages salaries, or commissions (up to \$10,000),* earned within						mental units - 11 U S C § 507(a)(8
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 U S C \ 507(a)(4)	ors					ph of 11 USC § 507(a)()
Contributions to an employee benefit plan - !! USC ♦ 507(a)		with r	are s espec	t to cases c	justment on ommenced o	4/1/07 and every 3 vears thereafter on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	251	_		1,370.92	251,370-92
Check this box if claim includes interest or other charges in additional charges	ition to the	(unse e princ	cured) apala	se) amount of ti	cured) ne claım Au	
6 Credits The amount of all payments on this claim has been a making this proof of claim	credited a	nd dec	lucted	d for the pu	pose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document	nte cuch	50 mrs -	w	ma		
orders introdees itemized statements of running accounts contract	te court :	udam	anta .			
agreements and evidence to perfection of their DO NOT SENT	ን ሰዩ ነር ነላ	IAI D	(C)(C)	INTERITO 1	Cal.	- * A P
documents are not available explain. If the documents are volum	unous atta	ach a s	umm	агу		- IAN 11 200/
documents are not available explain. If the documents are volum  B Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ng of you	r claim	enc	lose a stamp	ed self-F	LED JULY -
Sign and print the name and title if any of the	e creditor	or oth	er ne	rson author	zed to	
attach copy or power or attorn	ey if any	)				
Michael Francis		į	/ C/	105 172	USTRE	1104 0440
Panulty to magnifus to make the first all so the property of the property of the sound of the so	rush	ee				USA CMC

FORM B10 (Official Form 10) (10/05)

TI CONTROL CON						
United Stales Bankruptcy Court	District Of Nevada	PROOF OF CLAIM				
Name of Duhlor USA COVERERUAL	Case Number	THOO! OF CEARIN				
MORTGAGE CONTRANY	06-10725 -LBR					
		<b>-</b>   1				
NOTH This form should not be used to make a claim for an admini		1				
of the case. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC § 503					
Name of Conditor (The name of other option to whom the	Check box if you are aware that anyone	- <b>1</b>				
Name of Creditor (The person or other entity to whom the debtor owes money or property) GARY I. I BARBARA L. BALLER TRUSTERS OF THE GARIT. I BARBARA L. MILLER TRUSTERS	else has filed a proof of claim relating to					
L. MILLER TRUSTEE OF THE GARYT	your claim Attach copy of statement					
+ BARBARA COMILLER TRUST HATES	i					
8-13-87	Check box if you have never received any					
Name and address where notices should be sent	notices from the bankruptcy court in this					
しょのうつ ディイカスト みひち	case.					
LOS HAGRIES CALIF 90064	Check box if the address differs from the					
Telephone number 316 4797447	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor	Check here   replaces					
identifies debtor	if this claim amends a previously fil	ed claim dated				
TOURIST WOOD						
1 Basis for Claim	Retiree benefits as defined in					
Goods sold	Wages salaries and compens					
Services performed	Last four digits of your SS #					
Money loaned	Unpaid compensation for ser	vices performed				
Personal injury/wrongful death	from	to				
Taxes SBB BXHIBIT 14	(date)	(date)				
Other						
2. Date debt was incurred	3 If court judgment, date obtaine	d				
2. Date debt was incurred MAMCH ZOO,	/					
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amoun	t of the claim at the time case filed				
See reverse side for important explanations	Secured Clare					
Unsecured Nonpriority Claim \$ 555,683000						
Check this box if a) there is no collateral or lien securing you		is secured by collateral (including				
b) your claim exceeds the value of the property securing it or if c)	aright of setoff)					
only part of your claim is entitled to priority	Brief Description of Collate	ral				
Unsecured Priority Claim	Real Estate Motor	Vehicle Other				
	Value of Collateral \$41	NKNOWN				
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Secured claim if any \$ 7, 383.						
entities to priority	Amount of arrearage and other chi	X Z SO				
Amount entitled to priority \$	secured claim if any \$					
Specify the priority of the claim	Up to \$2 225* of deposits toward p	urchase lease or rental of property				
	or correspon for personal family or h					
Domestic support obligations under 11 USC § 507(a)(1)(A)	or § 507(a)(7)					
(a)(1)(B)	Taxes or penalties owed to governm	ental units - 11 U S C § 507(a)(8)				
Wages salaries or commissions (up to \$10 000),* earned with	in 180 Other - Specify applicable paragrap	h of 11 USC \$ 507(a)( )				
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4					
i 🗂	with respect to cases commenced or	or after the date of adjustment				
☐ Contributions to an employee benefit plan - 11 USC \ 507(	a)(5)					
5 Total Amount of Claim at Time Case Filed	8.55.5 683. #555, 683.					
	(unsettued) (secured)	(priority) /(Total)				
Check this box if claim includes interest or other charges in act interest or additional charges	aution to the principal amount of the claim. Att	acn itemized statement of all				
	n amulated and dedicated for the accessor of	<b>D</b> •				
and an early mand on the country had been	in created and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY				
making this proof of claim						
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase						
orders invoices itemized statements of running accounts contracts court judgments mortgages security						
agreements and evidence of perfection of lien DO NOT SE						
documents are not available, explain If the documents are vol	•					
8. Date-Stamped Copy To receive an acknowledgment of the	filing of your claim, enclose a stamped, self-	FILED JAN 1 1 21				
addressed envelope and copy of this proof of claim		LILLO DULLE				
Date Sign and print the name and title if any, of the creditor or other person authorized to						
file this claim (attach copy of power of att	omey it any)					
1 The 1 Min	(Z)					
110/1/1000	THUSTER	USA CMC				

Gase: 00-10725-gw2 D00-8508	PRO	OF OF CLAIM	7.45 Pay	e 8 0/ 11
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Company		725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address	56	to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU D OF CLAIM THIS BORROWER HEL  DO NOT FILE THI SECURED INTER ONE OF THE DEE  If you have alre Bankruptcy Court (	BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT BTORS Hady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces	
		if this claim amen	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death Taxes  Money loaned  Other (describe briefly)	Wages,	penefits as defined in 11 U S salanes and compensation (i r digits of your SS # compensation for services per	fill out below)	Unremitted principal Other claims against services (not for loan balances) to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(OBIO)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the	at best descr	nbe your claim and state the amor	unt of the claim at th	ne time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b exceeds the value of the property securing it or if c) none or only part of y entitled to priority		SECURED CLAIM  Check this box if you a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehicle	Other
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(8)  Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	° r	Up to \$2 225* of deposits toward services for personal family of	r household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Ė	Taxes or penalties owed to go  Other Specify applicable para * Amounts are subject to adjust	agraph of 11 U S C	§ 507(a) ()
5 TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commen	ced on or after the	
AT TIME CASE FILED (unsecured)  Check this box if claim includes interest or other charges in addition to t	(5	secured) amount of the claim Attach ite	( priority) mized statement of	(Total) (Tall interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doc running accounts contracts, court judgments mortgages security DOCUMENTS If the documents are not available explain. If the 8 DATE-STAMPED COPY To receive an acknowledgment of the	cuments, su agreement documents	uch as promissory notes pure is and evidence of perfection are voluminous attach a sur	chase orders involution of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group	•	OR OVERNIGHT DELIVERY TO	Ì	FILED
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	Attn USA 1330 Eas	ACM Claims Docketing Cente It Franklin Avenue do CA 90245	r	NOV 10 2006
DATE  SIGN and point the name and title if any of the third claim (attach copy of power of atto	he creditor o			USA CMC

UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEVADA		PROOF OF CLAIM -Chapter				
Debtor USA Commercial Mortgage Company   Case Number 06-10725-LBR		(This space for court use)				
NOTE This form should NOT be used to make a claim for an administrative expense arising after the commence the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503						
Name of Creditor (The person or other entity to whom the debtor owes moncy or property)  George J Motto, individually and on behalf of his Individual Retirement Account    Check box if you are aware that anyone clse has filed a proof of claim relating to your claim Attach copy of statement giving particulars						
Name & address where notices should be sent Joe Laxague, Esq Cane Clark LLP 3272 E Warm Springs Las Vegas, NV 89120	☐ Check box if you have never received any notices from the bankruptcy court in this case ☐ Check box if the address differs from the address on the covelope sent to you by the court.					
Telephone number (702) 312-6255  Account or other number by which creditor identifies	Check here if this claim					
debtor	□replaces □amends a p	previously filed claim, dated				
1 BASIS FOR CLAIM ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal mjury/wrongful death ☐ Taxes	US C § 1114(a) on (FILL OUT BELOW) ices performed from(date)					
☐ Taxes☐ Other	(date)	10(date)				
2 Date debt was incurred varies	3 If court judgmen	it, date obtained				
4 Total amount of claim at time case filed \$550,000, plus interest, costs, attorney's fees, and punitive damages (pleas see attachments)  If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below  Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges						
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)	6 Unsecured Priority Claim.  Check this box if you have an u Amount entitled to priority \$					
Brief description of collateral  Real Estate	Wages salarics or commis before filing of the bankrup business whichever is earl	ssions up to \$4,650* earned within 90 days ptcy petition or cessation of the debtor's lier- 11 U S C § 507(a)(3)				
Value of collateral \$\sunknown\$  Amount of arrearage and other charges at time case	Up to \$2 100* of deposits to Or services for personal, fa	yee benefit plan 11 U S C § 507(a)(4) toward purchase lease or rental of property umly or household use- 11 U S C § 507(a)(6) support owed to a spouse former spouse or				
filed included in secured claim if any  \$\frac{\text{amount due in full}}{\text{ull}}\$	governmental units 11 U S C § 507(a)(8) e paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect to cases stment.					
7 Credits The amount of all payments on this claim has be purpose of making this proof of claim. 8 Supporting documents Attach copies of supporting documents of running judgments mortgages security agreements and evidence SEND ORIGINAL DOC UMENTS. If the documents are documents are voluminous attach a summary. 9 Date-Stamped copy. To receive an acknowledgment of stamped self-addressed envelope and a copy of this proof.	(This space for court use) FILED NOV 13 2006					
Date  Sign and print the name and title if any of authorized to file this claim (attach copy of John J Laxague, Esq	USA CMC					
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 USC §§ 152 & 3571						

\_\_\_\_ Case 06-10725-gwz Doc 8568-3 Entered 06/27/11 14:37:45

Case 06-10725-gwz Doc 8566 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		otered 06/27/11 14: OOF OF CLAIM	37:45 Paq	ge 10 of 11		
DISTRICT OF NEVADA			YOUR CLAIM IS SCHEDULED AS			
Name of Debtor		umber	Schedule/Clarm ID s30995			
USA Commercial Mortgage Company		725-LBR	Amount/Classifica			
			\$631 36 Unsecure			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative earising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts refle	Sewilen - Countend		
Name of Creditor and Address  12924490  NEWBY 1984 FAMILY  TRUST DATED 3/19/84  C/O C E NEWBY & CAROLE NEWBY TRUSTEES	0000308	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	you agree with the other claim agains this proof of claim If the amounts sh	amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below  own above are listed as Contingent, isputed, a proof of claim must be		
5209 ELM GROVE DR LAS VEGAS, NV 89130 3669		Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again		
Creditor Telephone Number ( )		court	THIS SPAC	E IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifie	s debtor	Check here repla	O DEGLEGATION	filed claim dated		
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes	<b>→</b> ~	salaries, and compensation	(fill out below)	Other claims against services (not for loan balances)		
Money loaned Other (describe briefly)		r digits of your SS # compensation for services pe	erformed from	to		
2		Manager Control of the Control of th		(date) (date)		
2 DATE DEBT WAS INCURRED 2 11004 MY ROWW 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the		OURT JUDGMENT, DATE O		e time case filed		
See reverse side for important explanations	at 500t 4005h	SECURED CLAIM	nt or the olain at the	s lime edge med		
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including		
Check this box if a) there is no collateral or lien securing your claim or by exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		.ou by conditional (moleculing		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of				
Check this box if you have an unsecured claim all or part of which is		Real Estate				
entitled to priority		Value of Collateral	\$ <u>_Su</u>	000		
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage a secured claim if any	nd other charges	at time case filed included in		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward	ard purchase lease	or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	s [	services for personal family of Taxes or penalties owed to go		0 1 (1)(1)		
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para				
Communicia to an employee benefit plan 11 0 0 0 9 507 (a/(3)		Amounts are subject to adjust with respect to cases commen				
5 TOTAL AMOUNT OF CLAIM \$ \$	34.	5,000 \$		\$		
(unsecured)  Check this box if claim includes interest or other charges in addition to	•	secured) I amount of the claim Attach ite	( pnority) emized statement o	(Total) of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been ci						
7 SUPPORTING DOCUMENTS Attach copies of supporting do running accounts contracts court judgments mortgages securit DOCUMENTS If the documents are not available explain. If the	<i>cuments,</i> si y agreemer	uch as promissory notes pur	chase orders, inv	oices itemized statements of		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	the filing of	your claim enclose a stampe	ed self addresse	d envelope and copy of this		
The original of this completed proof of claim form must be se ACCEPTED)	ent by mail	or hand delivered (FAXES	NOT	USA CMC — 1072502487		
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245 0911	BMC Gro Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO DUD ACM Claims Docketing Cente It Franklin Avenue do CA 90245	eao de	D JUN 0 4 2007		
SIGN and print the name and title if any of this claim (attach copy of power of atto	he creditor or rney (f.any)	other person authorized to file	Las Prov	stee!		
Regardly for proceeding froughly act along to a fine of in to \$500,000 as many		re our for fell	<del></del>	-		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to 5	years or both/18USC §§ 15	2-AND 3571			

United States Bankruptcy Court	Drs	TRICT (	⊁ Nev	ada	_	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL WORTGAGE COMPANY Case Number 06-10725-LBR						PROOF OF GLAIIVI
NOTE This form should not be used to make a claim for an administrative expense in the case. A request for payment of an administrative expense in	t					
Name of Creditor (The person or other entity to whom the debior owes money or property)  SHEROW TRUST DATED your claim Attach copy of statement giving particulars  Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars  Check box if you have never received any						
Name and address where notices should be sent  AARON OSHEROW, TRISTEE  200 S. BRENTWOOD BLVD H9d  ST LOUIS, MG 63105		ices from e eck box if	the bank the addre	ruptcy court in the	15	
Last four digits of account or other number by which creditor	Che	court. eck here	repla	ces		THIS SPACE IS FOR COURT USE ONLY
identifies debtor	1f tr	us claım	amer	ids a previously	filed	claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other			ages, sal ast four c npaid co	artes, and compedigits of your SS mpensation for se	nsatio # ervice	
2 Date debt was incurred 4/18/05	3.	If cou	rt judgn	ent, date obtain	ied	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$544,233.01  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority.  Amount entitled to priority \$	or claim, or none or which is  or  n 180  r or *An	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ mounts ar	Check the of set	is box if your claim of the scription of Collaters Size and other claims of the scription of Collaters Size are and other claims of the scription of the script	m is so	ecured by collateral (including bincle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$544	,233.	- باسالست	544,233.	07	\$544.233.DV
Check this box if claim includes interest or other charges in additional charges	dition to th	(unsecure le principa	xd) al amoun	(secured) it of the claim At	(pric	ority) (Total) temized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim				-	Тн	IS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary						
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self 1 0 2007 addressed envelope and copy of this proof of claim  Date Sign and print the name and title if any of the creditor or other person authorized to						
JAN 9, 2007 He this character (attach copy of payer l'attor	mey, if any	True	Tee	,		LISA CMO
AARON I OSHE	ROW,	TRO	STEE	Ę		USA CMC